



## Request for Withdrawal of Application for Changed Assessment

I hereby request my Application(s) for Changed Assessment on Assessor's Parcel / Account No(s) listed below be withdrawn:

| Application Number(s) | Parcel/Account Numbers |
|-----------------------|------------------------|
|                       |                        |
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|                       |                        |
|                       |                        |

\_\_\_\_\_  
Signature of Applicant/Agent (*required*)

\_\_\_\_\_  
Date Signed

**PLEASE SUBMIT COMPLETED FORM BY MAIL, E-MAIL OR FAX TO:**

Butte County Administration  
Assessment Appeals  
25 County Center Drive, Suite 200  
Oroville, CA 95965

OR

Email: [kstafford@buttecounty.net](mailto:kstafford@buttecounty.net)

Fax Number: 530-538-7120